



HAWAII STATE ETHICS COMMISSION
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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Fischer	Jody	Daniels	(503) 951-0693
MAILING ADDRESS (Street)			FAX
16863 Front St. NE			(503) 981-0837
(City)	(State)	(Zip Code)	
Woodburn	OR	97071	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

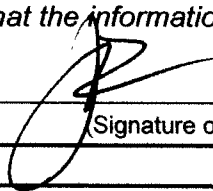
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
GlaxoSmithKline	(360) 642-0770	
MAILING ADDRESS (Street)	FAX	
800 NE Tenney Road Suite 110-233	(503) 224-6198	
(City)	(State)	(Zip Code)
Vancouver	WA	98685-2832
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Jody Daniels Fischer	(503) 951-0693	
MAILING ADDRESS (Street)	FAX	
16863 Front St NE	(503) 981-0837	
(City)	(State)	(Zip Code)
Woodburn	OR	97071

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1-12-07
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Thomas Burns	Vice President

NAME OF ORGANIZATION (if applicable)

GlaxoSmithKline

TELEPHONE

(360) 642-0770

MAILING ADDRESS (Street)

800 NE Tenney Road Suite 110-233

FAX

(503) 224-6198

(City)

(State)

(Zip Code)

Vancouver

WA

98685-2832

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/15/07
(Date)